

WELLNESS CENTER REGISTRATION

WINTER QUARTER: January 3 – March 31, 2006

To Register:

1. Complete this form.
2. Make check/money order payable to the “University of California.” **Sorry - No cash payments.**
3. Submit your completed registration form and check/money order to the Wellness Center, MS P955.
4. **IF THERE IS NO FEE**, the form may be faxed to 665-6140.
5. Questions??? Call us at 667-7166 -or- email: wellness@lanl.gov -or- Fax: 665-6140.

Name:	Z#:	Date:
Group:	MailStop:	Phone:
		email:

Class Rates for 13 weeks	1X/week = \$29.25	4X/week = \$117.00
	2X/week = \$58.50	5X/week = \$146.25
	3X/week = \$87.75	9/80 Fri = \$20.00 Flat-rate

<u>Wellness Center Class Policies – Acknowledgement of Understanding</u>	
I acknowledge that I have read and understand the Wellness Center Class Policies, including rules concerning class pre-requisites and that no cash refunds will be issued for any reason.	
 _____	 _____
Signature	Date

Class #	Class Name	Circle Days	# Days/Week	Rate	Total \$ Due
		M T W T F			
		M T W T F			
		M T W T F			
		M T W T F			
		M T W T F			

Total Registration Fee Due: _____

For Wellness Center (HSR-2/WC) Use Only

Check/Money Order #:	Receipt Log #:	Staff Initial:
Notes/Comments:		